CHANGE OF ADDRESS FORM

THIS FORM DOES NOT APPLY TO LONG BEACH ADDRESS CHANGES



TEL: 978-546-2011 FAX: 978-546-5045 TOWN OF ROCKPORT 34 BROADWAY ROCKPORT, MA 01966



Please fill in the form completely and mail or fax to the Town Hall C/O Assessors Office. All Departments (Real Estate Tax, Personal Property Tax, Water/Sewer Billing, Town Clerk, Treasurer/Collector and Boat Excise) will be notified of the change of address. Changes cannot be made for Motor Vehicle Excise Tax because those changes are made directly with the Registry of Motor Vehicles.

Person Making	g Request:						
Location of	Property:						
OLD Mailin	g Address: __						
NEW Mailin	g Address: _ - - - -						
If Record owner is	s unavailab	le submit P	Power of Att	orney, Deed	d, Will or Cou	ırt Appointme	ent.
Signature of Reco	rd Owner:						
Printed Name of Reco							
	Date:						
Т	elephone:						
For Official	Use Only:						
-	Boat	T/C	DPW	Clerk	Assessor	Filed	
Date:							
Initial:							